

Name
in
Full

Grace Adams

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

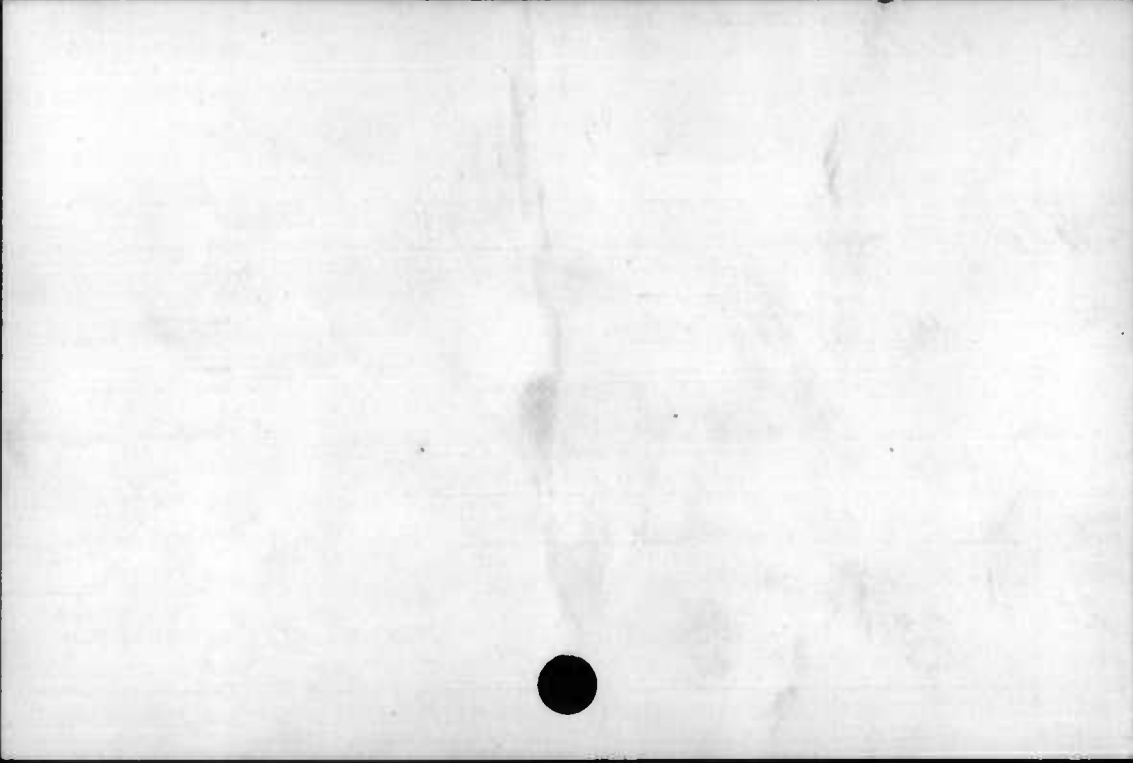
Died at ^{Town} <i>Easton</i>		^{County} <i>Talbot</i>			
Date of death	<i>1908</i>	^{Month} <i>March</i>	^{Day} <i>17</i>	^{Years} <i>22</i>	^{Months} <i>7</i> ^{Days} <i>3</i>
Sex	<i>Female</i>		Color or Race	<i>Negro</i>	
Occupation	<i>House wife</i>		Birth-place	<i>Oxford</i>	
Married, Single or Widowed <i>Married</i>			Name of Wife or Husband <i>William G. Adams</i>		
Father's Name <i>Not known</i>			Father's Birthplace <i>Talbot Co. Md.</i>		
Mother's Maiden Name <i>Not known</i>			Mother's Birthplace <i>Talbot Co. Md.</i>		
Name of person giving information <i>William Adams</i>			How related to deceased <i>Husband</i>		

CAUSES OF DEATH

137

PHYSICIAN
OR CORONER

Primary	<i>Eclampsia following Child Birth</i>	How long	<i>3 days</i>
Immediate	<i>Exhaustion</i>	How long	<i>few hrs.</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Chas. F. Danden</i>	
		Address <i>Easton, Md.</i>	
Accident or Suicide? <input checked="" type="checkbox"/>			



Name
in
Full

Walter H. Bartlett

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

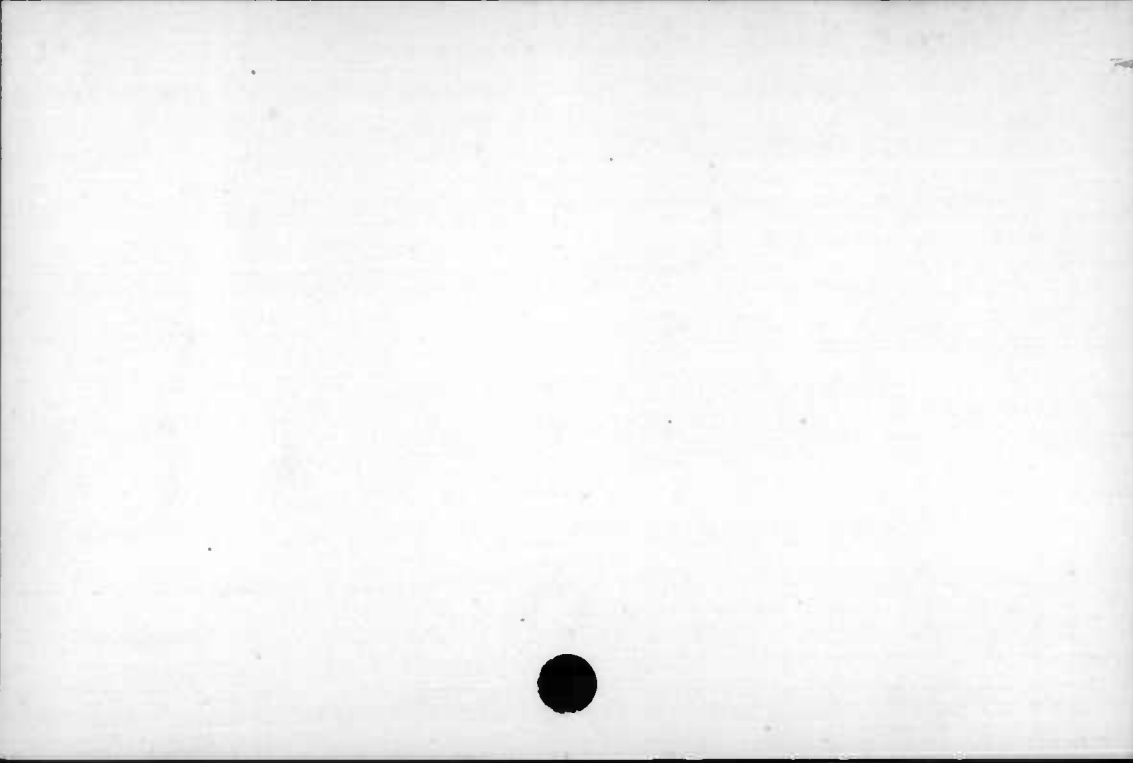
Died at <i>near Trappe</i>		Town <i>Trappe</i>		County <i>Talbot</i>		MARYLAND	
Date of death <i>1908</i>		Month <i>Feb</i>		Day <i>4</i>		Age <i>30</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Talbot Co</i>		Months <i>10</i>	
Occupation <i>Farmer</i>		Where Residing if not at place of death <i>near Trappe</i>					
Married, Single or Widowed		Name of Wife or Husband <i>Emma Gertrude Welch</i>					
Father's Name <i>Henry Bartlett</i>		Father's Birthplace <i>Talbot Co.</i>					
Mother's Maiden Name <i>Henrietta McMahon</i>		Mother's Birthplace <i>Talbot Co</i>					
Name of person giving information <i>Robert E. Welch</i>		How related to deceased <i>Father in Law</i>					

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary	<i>Nephritis</i>	How long	<i>Unknown</i>
Immediate	<i>Coma</i>	How long	<i>4 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Jas. L. McEnick</i>	
		Address <i>Trappe</i>	
Accident or Suicide?		<i>md</i>	



Name
in
Full

John A B Barwick

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

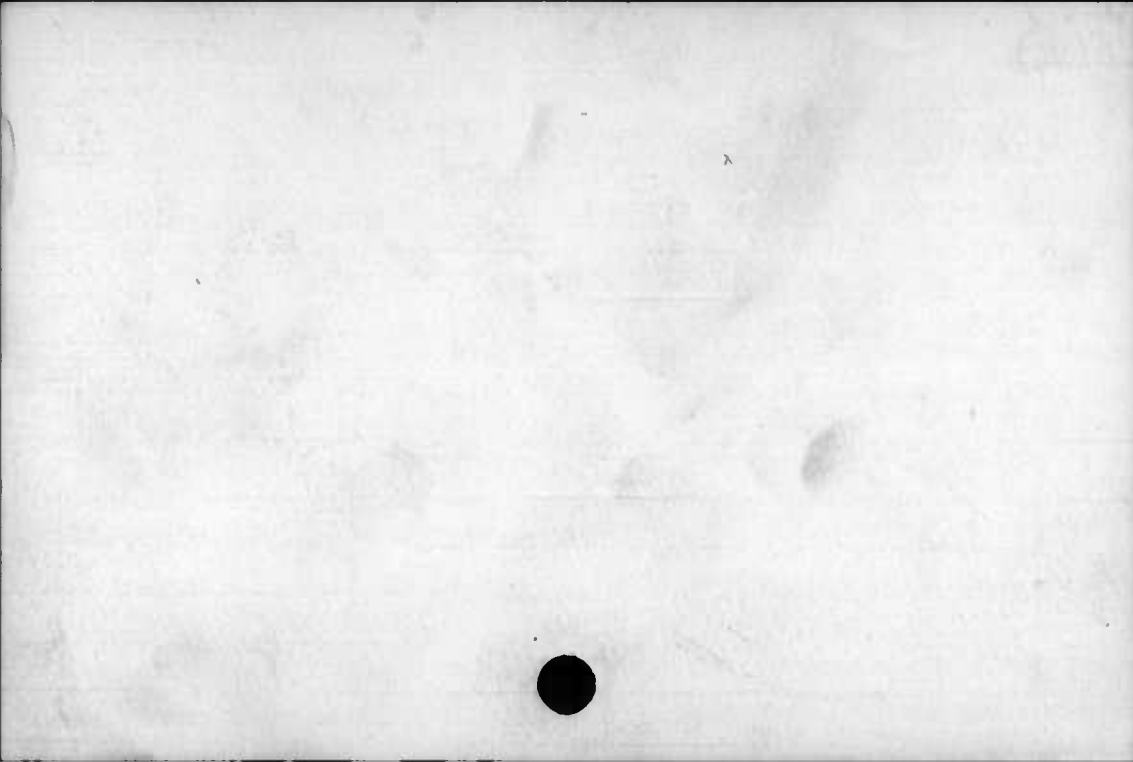
Died at		Eaton		Tabor			
Date of death		1908	March	14	Age	65	
Sex		Male		Color or Race		white	
Occupation		Farmer		Where Residing if not at place of death			
Married, Single or Widowed		widower		Name of Wife or Husband		Fannie Wyatt	
Father's Name		John Barwick		Father's Birthplace		Caroline Co Md	
Mother's Maiden Name		Charlotte Frampton		Mother's Birthplace		Talbott Co Md	
Name of person giving information		Alex Barwick		How related to deceased		Bro,	

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary	Cardiac dilatation	How long	Three mos
Immediate	Failure of compensation	How long	One hour
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		A Dr. Willson H. O.	
Address		A Dr. Willson	
Accident or Suicide?		No	
		Easton Md	



Name
In
Full

Annie Beck

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

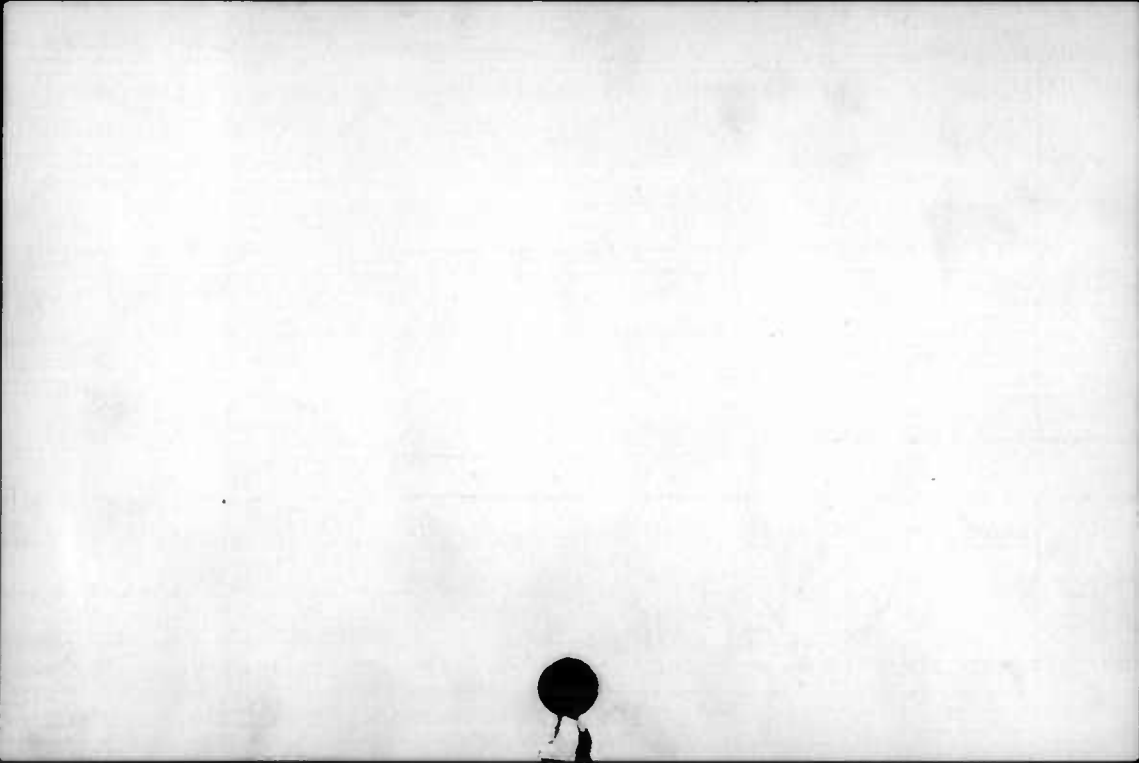
Died at <u>Euston</u> Town		<u>Tulbot</u> County		MARYLAND	
Date of death <u>1906</u>	Month <u>March</u>	Day <u>8</u>	Age <u>79</u> Years	Months <u>8</u>	Days <u>28</u>
Sex <u>Female</u>	Color or Race <u>White</u>		Birth-place <u>Euston, Md</u>		
Occupation <u>housewife</u>			Where Residing if not at place of death <u>—</u>		
Married, Single or Widowed <u>Widowed</u>		Name of Wife or Husband <u>George W. Beck</u>			
Father's Name <u>James Grace</u>			Father's Birthplace <u>Tulbot Co., Md</u>		
Mother's Maiden Name <u>Mary Hurden</u>			Mother's Birthplace <u>Tulbot Co., "</u>		
Name of person giving information <u>Grace Bull</u>			How related to deceased <u>S. Doughten</u>		

CAUSES OF DEATH

48

PHYSICIAN
OR CORONER

Primary <u>Phlebotomy, Heart Dis., Contused Wounds</u>	How long <u>2 years</u>
Immediate <u>Heart Failure</u>	How long <u>2 hours</u>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u> Jas. B. Meritt</u>
<u>Filed 1908</u>	Address <u>Euston, Md</u>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

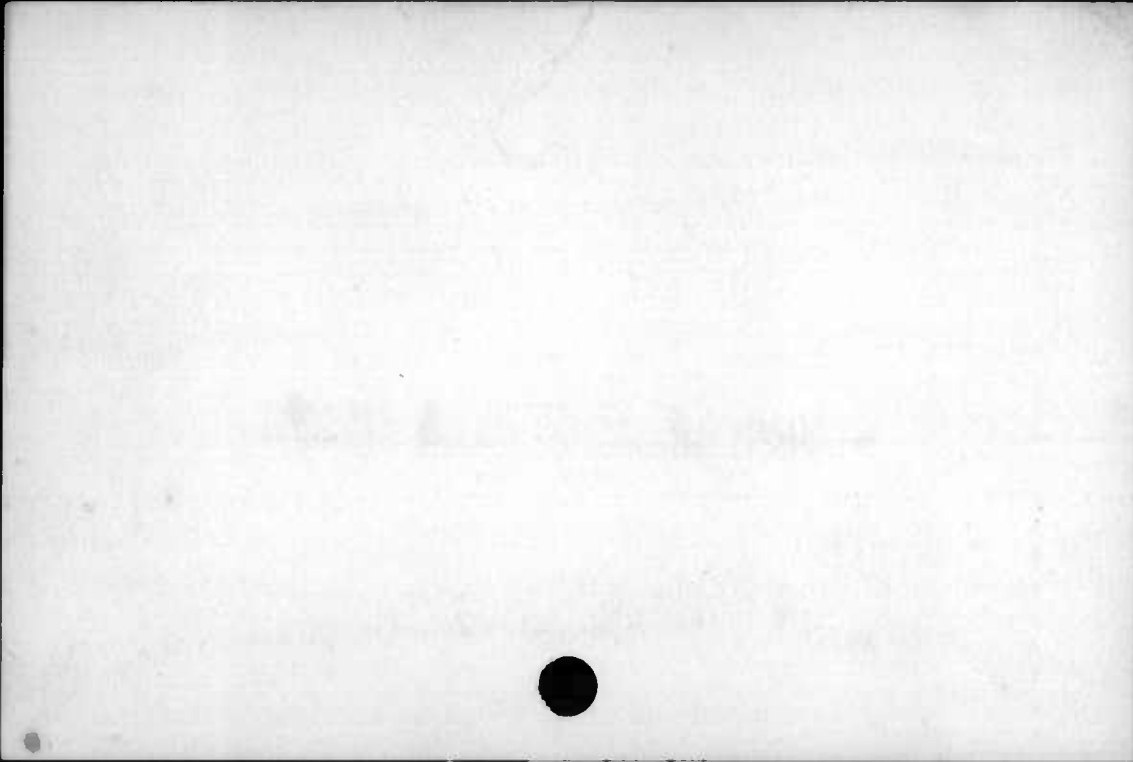
Name in Full <i>Miss Susan A. Benson</i>		Town <i>St Michaels</i>		County <i>Talbot</i>		MARYLAND	
Died at <i>St Michaels</i>		Month <i>March</i>		Day <i>1</i>		Years <i>83</i>	
Date of death <i>1908</i>		Months <i>—</i>		Days <i>—</i>			
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Royal Oak</i>			
Occupation <i>Lady of the House</i>		Where Residing if not at place of death <i>St Michaels</i>					
Married, Single or Widowed		Name of Wife or Husband					
Father's Name <i>Charles Benson</i>		Father's Birthplace <i>Talbot Co</i>					
Mother's Maiden Name <i>Eegate</i>		Mother's Birthplace <i>Not Known</i>					
Name of person giving information <i>Edmond Harrison</i>		How related to deceased <i>Step Brother</i>					

CAUSES OF DEATH

10

PHYSICIAN
OR CORONER

Primary	<i>L. Grippe in Advanced life,</i>	How long	<i>about 2 yrs.</i>
Immediate	<i>Heart Failure</i>	How long	<i>Five days</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>R. A. Doolson</i>	
		Address <i>St. Michaels Maryland</i>	
Accident or Suicide?			



Name
in
Full

Caroline Kettell Budd

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

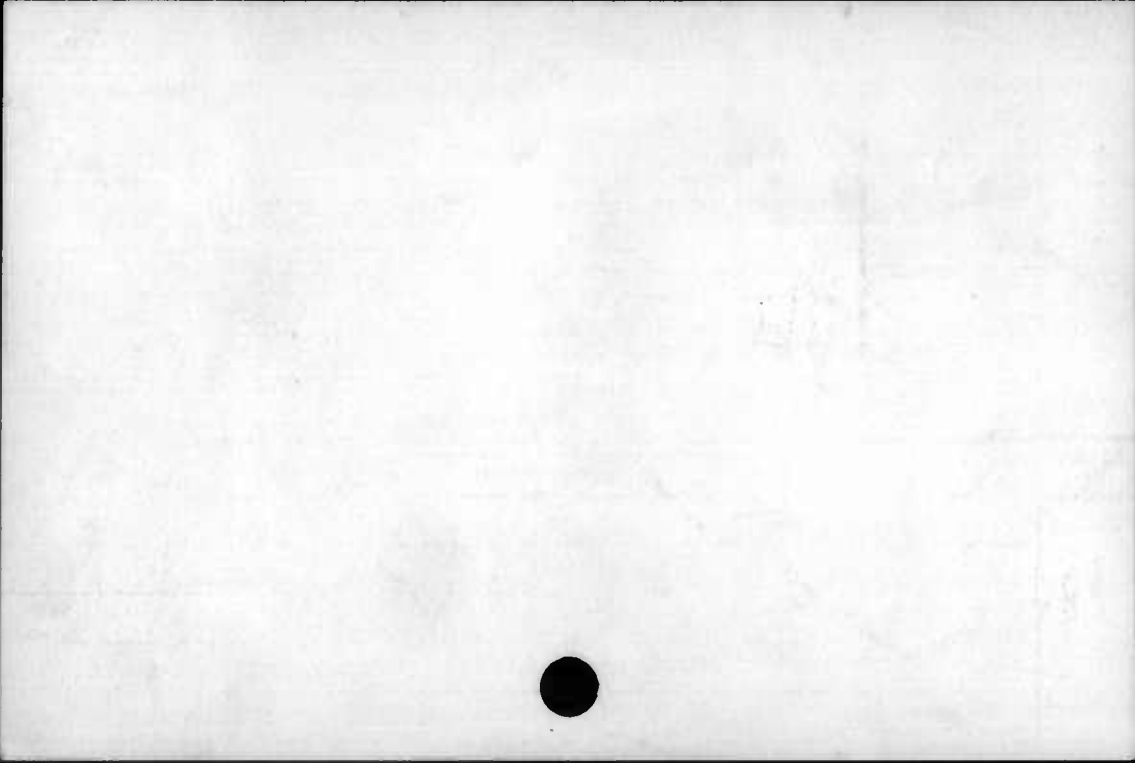
Died at <u>Custon</u> Town		<u>Tulbut</u> County		MARYLAND	
Date of death	<u>1908</u> <u>Mar</u> Month	<u>26</u> Day	Age <u>67</u> Years	<u>17</u> Months	<u>30</u> Days
Sex	<u>Female</u>	Color or Race	<u>White</u>	Birth-place	<u>Danbury, Conn.</u>
Occupation	<u>house</u>	Where Residing if not at place of death <u>—</u>			
Married, Single or Widowed	<u>Widow</u>	Name of Wife or Husband	<u>Henry George Budd</u>		
Father's Name	<u>George Frederick Kettell</u>			Father's Birthplace	
Mother's Maiden Name	<u>Susette Hawley</u>			Mother's Birthplace	
Name of person giving information	<u>Mrs. F. H. McNeal</u>			How related to deceased	<u>Daughter</u>

CAUSES OF DEATH

26

PHYSICIAN
OR CORONER

Primary	<u>Lung and Tuberculosis</u>	How long	<u>3 years</u>
Immediate	<u>Heart Failure</u>	How long	<u>24 hours</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <u>[Signature]</u>	
		Address <u>Custon, Md.</u>	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at <i>Easton</i> ^{Town}		<i>Talbot</i> ^{County}	
Date of death <i>1908</i> ^{Month} <i>Mch</i> ^{Day} <i>3rd</i> ^{Years} <i>8</i>	Age <i>8</i>		Months <i>—</i> Days <i>—</i>
Sex <i>Female</i>	Color or Race <i>white</i>	Birth-place <i>Talbot Co</i>	
Occupation <i>—</i>	Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>—</i>	Name of Wife or Husband <i>—</i>		
Father's Name <i>Edward Dyott</i>	Father's Birthplace <i>Talbot Co</i>		
Mother's Maiden Name <i>May Chapman</i>	Mother's Birthplace <i>Caroline</i>		
Name of person giving information <i>Edwrd Dyott</i>	How related to deceased <i>Father</i>		

CAUSES OF DEATH

①

PHYSICIAN
OR CORONER

Primary <i>Typhoid fever</i>	How long <i>5 weeks</i>
Immediate <i>Acute Nephritis</i>	How long <i>one week</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>P. L. Brown</i>
	Address <i>Easton Md</i>
Accident or Suicide?	

Thursday afternoon - from Store,
2 Pace Records

Mr. Fitzgibbs - 2 P.M.

Box made - 1125

15

3

100

20

Name
in
Full

Oscar J. Earle

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at ^{Town} St. Michaels

County

Talbot

Date

of death 1908

Month

March

Day

31

Years

75

Months

—

Days

—

Sex

Male

Color or
Race

White.

Birth-
place

Daubury Conn.

Occupation

Retired

Where Residing if not
at place of deathMarried, Single
or Widowed

Widowed

Name of Wife or
Husband

Maria Earle

Father's
Name

Jno Earle

Father's
Birthplace

Daubury Conn

Mother's
Maiden Name

Maria Massey

Mother's
Birthplace

Daubury Conn.

Name of person giving
In formation

Mrs. J. H. Porter

How related
to deceased

Daughter

CAUSES OF DEATH

64

Primary

Apoplexy

How long

about 6 weeks

Immediate

Asthma of Heart

How long

2 weeks

Are the name, age, sex, color, date
and place correctly given above?

yes

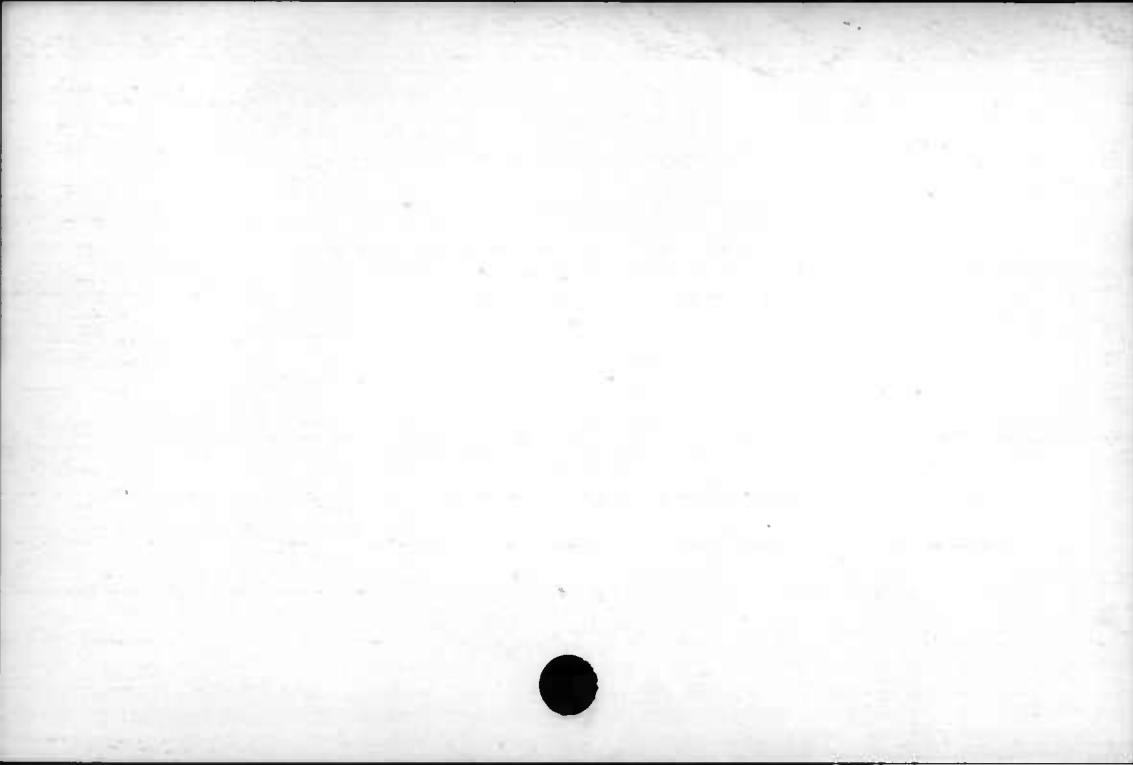
Signature of
Physician

A. B. Blaseock

Address

St. Michaels Md

Accident or Suicide?



Name
in
Full

May E. Fleetwood

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

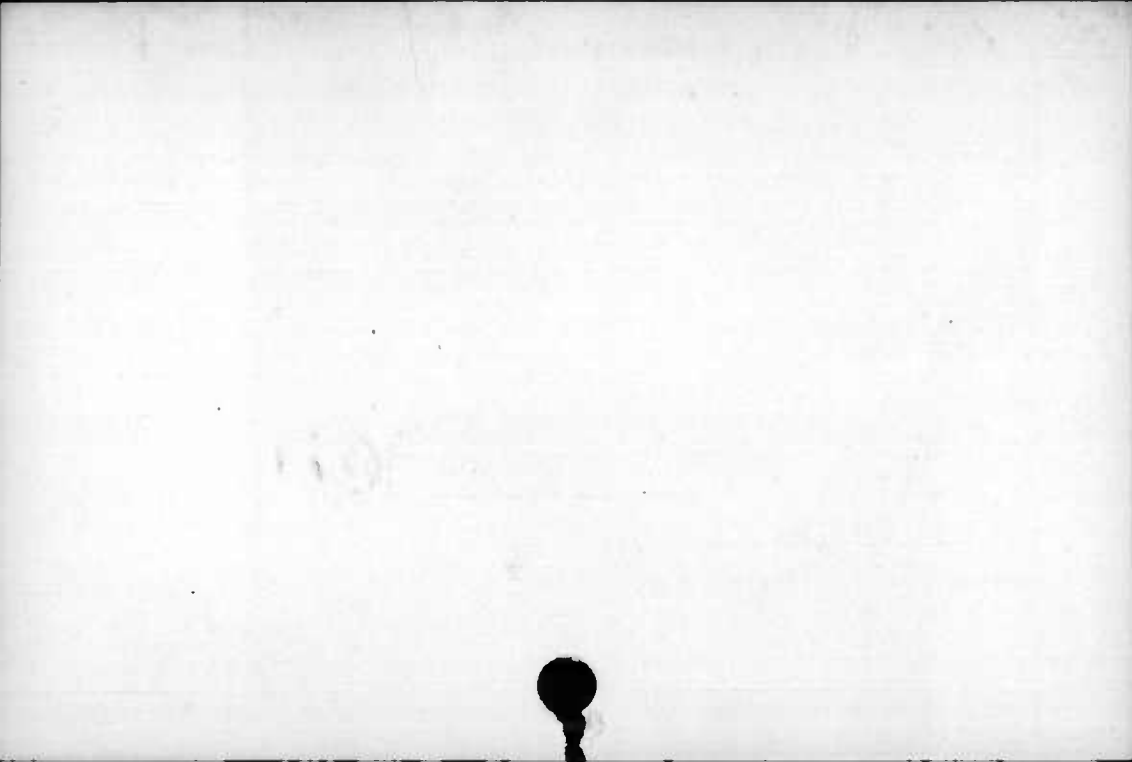
Died at		Town		County		MARYLAND	
Easton		Talbot					
Date of death		Month	Day	Year	Months	Days	
1908		Feb	27	86			
Sex	Female	Color or Race	White	Birth-place	Delaware		
Occupation	Homemaker		Where Residing if not at place of death				
Married, Single or Widowed	Widow		Name of Wife or Husband William Fleetwood				
Father's Name	Judson P. Cannon				Father's Birthplace Delaware		
Mother's Maiden Name	Elija Davis				Mother's Birthplace "		
Name of person giving information	Wm B. Fleetwood				How related to deceased Son		

CAUSES OF DEATH

10

PHYSICIAN
OR CORONER

Primary	Subsidiary	How long	1 month
Immediate	Pneumonia	How long	48 hours
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician B. H. Smith	
		Address Eustis Ave	
Accident or Suicide?			



Name
in
Full

Mrs. Gertrude Trumpton

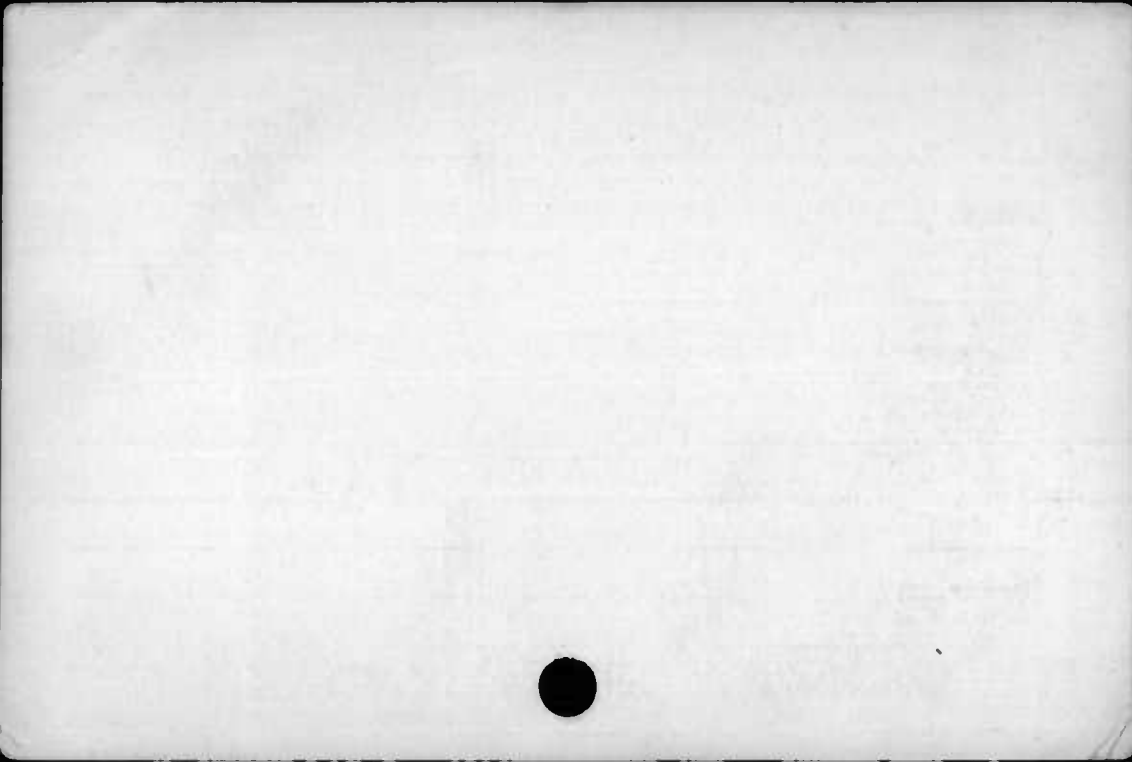
CERTIFICATE OF DEATH

MARYLAND

Died at *Tilghman* Town*Talbot* CountyDate of death 1908 *March* Month *21* Day *44* Years *4* Months *-* DaysSex *Female* Color or Race *White* Birth-place *Talbot Co*Occupation *Housewife* Where Residing if not at place of death *Tilghman Md*Married, Single or Widowed *Married* Name of Wife or Husband *James Trumpton*Father's Name *John H. Jones* Father's Birthplace *Talbot Co*Mother's Maiden Name *Rose Jackson* Mother's Birthplace *Talbot Co*Name of person giving information *James Trumpton* How related to deceased *Husband*

CAUSES OF DEATH

Primary *Double Pneumonia* How long *Two weeks*Immediate *Relapse - Ty. Pneumonia* How long *Four days*Are the name, age, sex, color, date and place correctly given above? *Yes.*Signature of Physician *J. Kennedy Wilson*Address *Tilghman Md*Accident or Suicide? *No -*TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name in Full Catherine S. Gannon.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

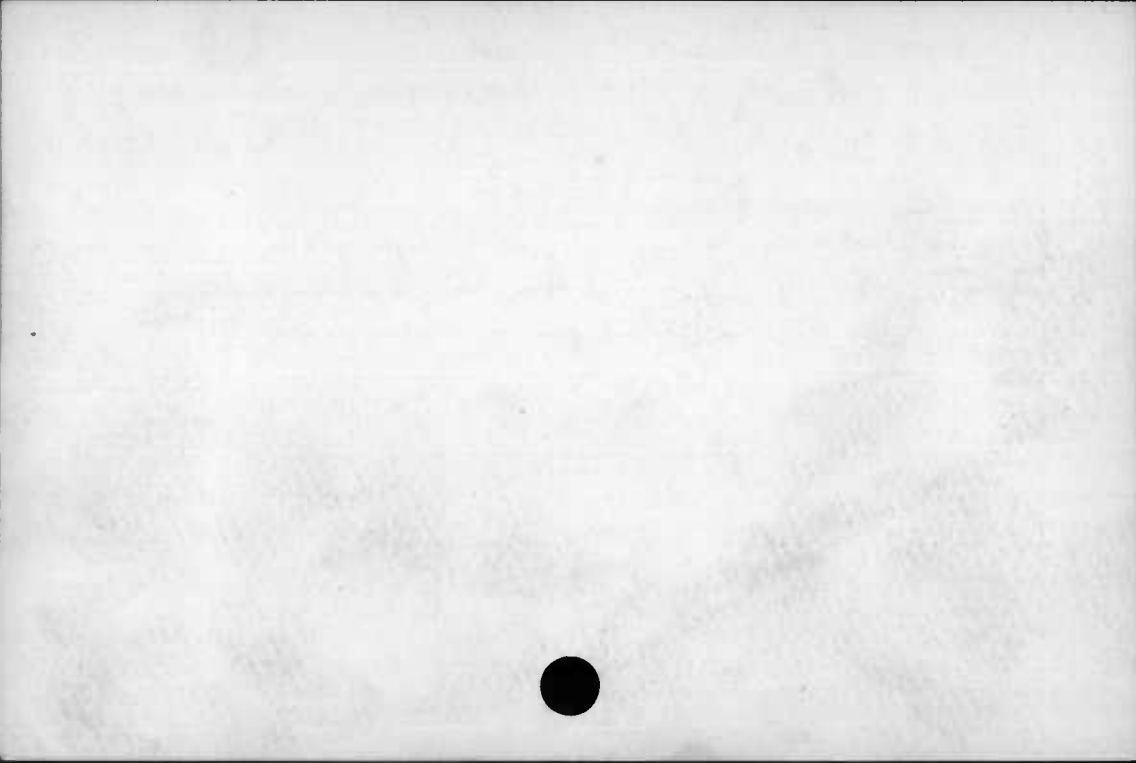
Died at <u>Oxford</u> ^{Town}		<u>Talbot</u> ^{County}		MARYLAND	
Date of death	<u>1908</u> ^{Month}	<u>March</u> ^{Day}	<u>27</u> ^{Years}	<u>1</u> ^{Months}	<u>4</u> ^{Days}
Sex	<u>Female</u>		Color or Race	<u>White</u>	
Occupation	<u>none</u>		Birth-place	<u>Oxford</u>	
Where Residing if not at place of death			<u>Oxford</u>		
Married, Single or Widowed	<u>Single</u>		Name of Wife or Husband	<u>none</u>	
Father's Name	<u>W. B. Gannon</u>			Father's Birthplace	<u>Talbot</u>
Mother's Maiden Name	<u>Nora C Lynch</u>			Mother's Birthplace	<u>"</u>
Name of person giving information	<u>W A Davis</u>			How related to deceased	<u>none</u>

CAUSES OF DEATH

175

PHYSICIAN
OR CORONER

Primary	<u>Swallowed Lye</u>		How long	
Immediate	<u>asthenia</u>		How long	
Are the name, age, sex, color, date and place correctly given above?		<u>Yes</u>	Signature of Physician	<u>W A Davis M D</u>
			Address	<u>Oxford</u> <u>md.</u>
Accident or Suicide?				



Name
in
Full

Lamus Gibson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Sea Garden</u> Town		<u>Talbot</u> County		MARYLAND	
Date of death <u>1908</u>	Month <u>March</u>	Day <u>1</u>	Age <u>55</u> Years	Months <u>✓</u>	Days <u>✓</u>
Sex <u>Male</u>		Color or Race <u>Black</u>		Birth-place <u>Talbot Co Md</u>	
Occupation <u>Farmer</u>			Where Residing if not at place of death <u>X</u>		
Married, <u>Single</u> or Widowed		Name of Wife or Husband <u>Anne Gibson</u>			
Father's Name <u>John Gibson</u>			Father's Birthplace <u>Unknown</u>		
Mother's Maiden Name <u>Anne Hines</u>			Mother's Birthplace <u>Talbot Co</u>		
Name of person giving information <u>Charles Gibson</u>			How related to deceased <u>Son</u>		

CAUSES OF DEATH

(27)

PHYSICIAN
OR CORONER

Primary	<u>Tuberculosis of lungs</u>	How long	<u>One year</u>
Immediate	<u>Exhaustion</u>	How long	<u>One day</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>		Signature of Physician <u>J. O. Wellron M.D.</u>	
		Address <u>Easton Md</u>	
Accident or Suicide? <u>No</u>			

unoverall

Name in Full *Florence E Green*

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Oxford</i> ^{Town}		<i>Talbot</i> ^{County}		MARYLAND	
Date of death	<i>1908</i> ^{Month} <i>mch</i>	<i>24</i> ^{Day}	<i>10</i> ^{Years} <i>Age</i>	<i>—</i> ^{Months}	<i>—</i> ^{Days}
Sex <i>Female</i>	Color or Race <i>negro</i>		Birth-place <i>Oxford</i>		
Occupation <i>School-girl</i>		Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>Ed. Green</i>				
Father's Name <i>Ed. Green.</i>	Father's Birthplace <i>Talbot Co</i>		Mother's Birthplace <i>Dorchester Co</i>		
Mother's Maiden Name <i>Addie Stewart</i>	How related to deceased <i>no</i>				
Name of person giving information <i>W A Davis</i>					

CAUSES OF DEATH

119

PHYSICIAN
OR CORONER

Primary <i>Acute Nephritis</i>	How long <i>unknown</i>
Immediate <i>Aschemia & Dropsy</i>	How long <i>2 weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Wm A Davis M.D.</i>
	Address <i>Oxford.</i>
Accident or Suicide?	



Name
in
Full

Arthur Hines

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Easton</u> <small>Town</small>		<u>Talbot</u> <small>County</small>		MARYLAND	
Date of death <u>1908</u>	Month <u>Mar</u>	Day <u>14</u>	Age <u>60</u> Years	Months	Days
Sex <u>Male</u>	Color or Race <u>Blk</u>		Birth-place <u>Id</u>		
Occupation <u>Sub</u>	Where Residing if not at place of death <u>—</u>				
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Unknown</u>				
Father's Name <u>Arthur Hines</u>	Father's Birthplace <u>Id</u>				
Mother's Maiden Name <u>Felicia Thomas</u>	Mother's Birthplace <u>Id</u>				
Name of person giving information <u>V. E. Clark</u>	How related to deceased <u>none</u>				

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary <u>Dis of Kidney</u>	How long <u>4 mos</u>
Immediate <u>Heart Failure</u>	How long <u>1 week</u>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>As. B. Merritt</u>
	Address <u>Easton, Id</u>
Accident or Suicide?	



Name
in
Full

Robert H Jackson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>near Easton</i> ^{Town}		<i>Falbot</i> ^{County}		MARYLAND	
Date of death	<i>1908</i>	<i>8</i> ^{Month}	<i>25</i> ^{Day}	Age <i>1</i> ^{Years} <i>yr</i>	Months <i>—</i> Days <i>10</i>
Sex <i>Male</i>	Color or Race <i>Black</i>		Birth-place <i>Falbot Co</i>		
Occupation <i>—</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>—</i>			Name of Wife or Husband <i>—</i>		
Father's Name <i>Robt Jackson</i>			Father's Birthplace <i>Virginia</i>		
Mother's Maiden Name <i>Sarah Scott</i>			Mother's Birthplace <i>Falbot Co</i>		
Name of person giving information <i>Robt Jackson</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

146

PHYSICIAN
OR CORONER

Primary	<i>Mastoiditis</i>	How long	<i>One month</i>
Immediate	<i>Toxaemia</i>	How long	<i>One day</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>A. W. H. H. H. H.</i>	
		Address <i>Easton Md</i>	
Accident or Suicide?			

Winnville 3/27

McNee

Name
in
Full

Thomas Jackson Jr.

CERTIFICATE OF DEATH

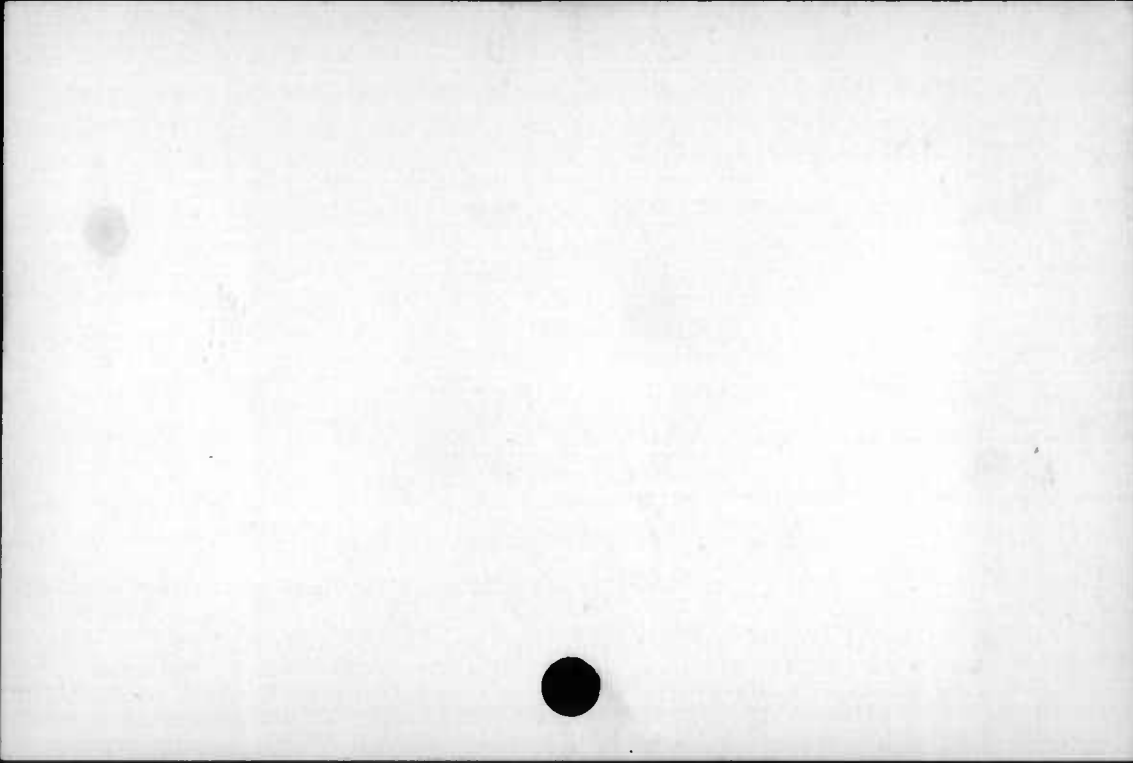
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1908		3	30		5-	2	27
Sex	Male		Color or Race	Colored		Birth-place	St Michaels
Occupation	None			Where Residing if not at place of death			
Married, Single or Widowed		Single		Name of Wife or Husband			
None		None					
Father's Name				Father's Birthplace			
Thomas Jackson				St Michael			
Mother's Maiden Name				Mother's Birthplace			
Carrie Chaney				Ido "			
Name of person giving information				How related to deceased			
Mother				-			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Malaria Fever	How long	2 weeks
Immediate	Heart failure	How long	-
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
yes		J C S Davis	
		Address	
		St Michaels	
Accident or Suicide?		and	



Name in Full		George H. Jones.				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at	Pungwoods Town		Tallbot County		MARYLAND		
	Date of death	1908	3	29	Age	76	6 Months 7 Days	
	Sex	Male		Color or Race	White		Birth-place	?
	Occupation	Farmer		Where Residing if not at place of death		Pungwoods.		
	Married, Single or Widowed	Married		Name of Wife or Husband		Liza Jones		
	Father's Name	Not Known		Father's Birthplace		Unknown		
	Mother's Maiden Name	Not Known		Mother's Birthplace		Unknown		
	Name of person giving information	Calvin Anderson		How related to deceased		Son-in-law		
<div style="text-align: center;">CAUSES OF DEATH</div> <div style="text-align: right; font-size: 2em; border: 1px solid black; border-radius: 50%; padding: 5px;">79</div>								
PHYSICIAN OR CORONER	Primary	Coronary Hypertrophy				How long	2 years	
	Immediate	Coronary Atherosclerosis				How long	one week	
	Are the name, age, sex, color, date and place correctly given above?				yes			
	Signature of Physician				P. J. [Signature]			
				Address			Boston [Signature]	
Accident or Suicide?								

01/70/10

Name
in
Full

Mary Ann Keenard

CERTIFICATE OF DEATH

Died near **Mathewstown Talbot Co.** **MARYLAND**

Date of death **1908** Month **March** Day **4** Age **74** Years Months Days

Sex **Female** Color or Race **White** Birth-place **Maryland**

Occupation **House wife** Where Residing if not at place of death **—**

Married, Single or Widowed **widow** Name of Wife or Husband **Saml. A. Keenard**

Father's Name **Not Known** Father's Birthplace **Not Known**

Mother's Maiden Name **Not Known** Mother's Birthplace **Not Known**

Name of person giving information **R. H. Gannon** How related to deceased **Son-in-Law**

TO BE ANSWERED BY
NEAREST FRIEND

CAUSES OF DEATH

40

PHYSICIAN
OR CORONER

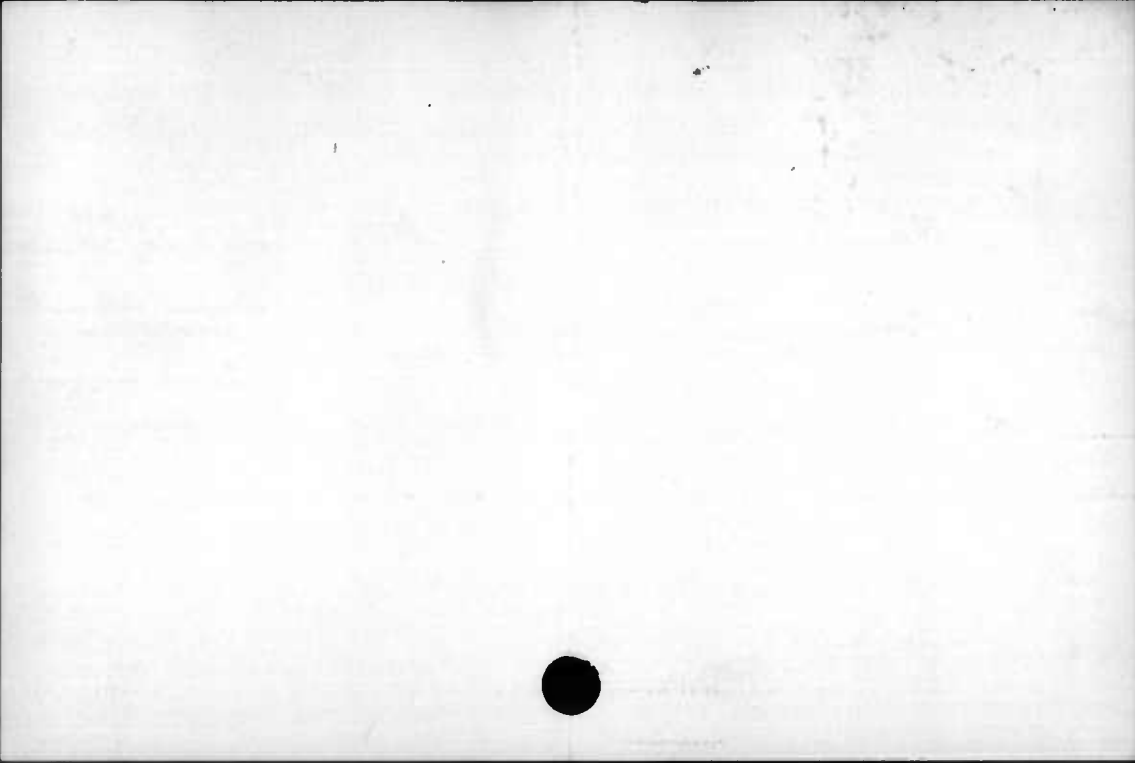
Primary **Cancer of Stomach** How long **not known**

Immediate **Exhaustion** How long **few wks.**

Are the name, age, sex, color, date and place correctly given above? **yes**

Signature of Physician **Chas. F. Davidson** Address **Easton, Md.**

Accident or Suicide? **—**



Name
in
Full

William Knotts

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} <i>St Michaels</i>		^{County} <i>Talbot</i>		MARYLAND	
Date of death <i>1908</i>		Month <i>March</i>	Day <i>9th</i>	Age <i>79</i>	Years <i>79</i>
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Queen Anne's Co</i>	
Occupation <i>Farmer</i>		Where Residing if not at place of death <i>St Michaels with W.H. Higgins</i>			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband			
Father's Name <i>Manbury Knotts</i>		Father's Birthplace <i>Queen Anne's Co</i>			
Mother's Maiden Name <i>Lucy Horn</i>		Mother's Birthplace <i>Queen Anne's Co</i>			
Name of person giving information <i>Harry H Higgins</i>		How related to deceased <i>Nephew</i>			

CAUSES OF DEATH

93

PHYSICIAN
OR CORONER

Primary	<i>Pneumonia</i>	How long <i>10 days</i>
Immediate	<i>Respiratory Failure</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>J. H. Stephens</i>
		Address <i>St Michaels</i>
Accident or Suicide? <i>No</i>		<i>Ind</i>



Name
in
Full

Anna Knox

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Easton* Town*Talbot.* CountyDate of death *1908* Month *March* Day *3*Age *41* YearsMonths *—*Days *—*Sex *Female*Color or Race *White*Birth-place *Talbot Co*Occupation *Housewife*Where Residing if not at place of death *—*Married, Single or Widowed *Married*Name of ~~Wife~~ Husband *Mrs. F. Knox*Father's Name *Baynard Patched*Father's Birthplace *Queen Anne*Mother's Maiden Name *Anna Knox*Mother's Birthplace *"*Name of person giving information *Jno F. Knox*How related to deceased *Husband*

CAUSES OF DEATH

64

PHYSICIAN
OR CORONERPrimary *Cerebral Apoplexy*How long *3 wks.*Immediate *" Hemorrhage*How long *4 day*Are the name, age, sex, color, date and place correctly given above? *Yes*Signature of Physician *Chas. F. Davidson*Address *Easton, Md.*

Accident or Suicide?

Lt Davidson -

Poppy Rice -

Name
in
Full

Charles Thomas Leducum

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

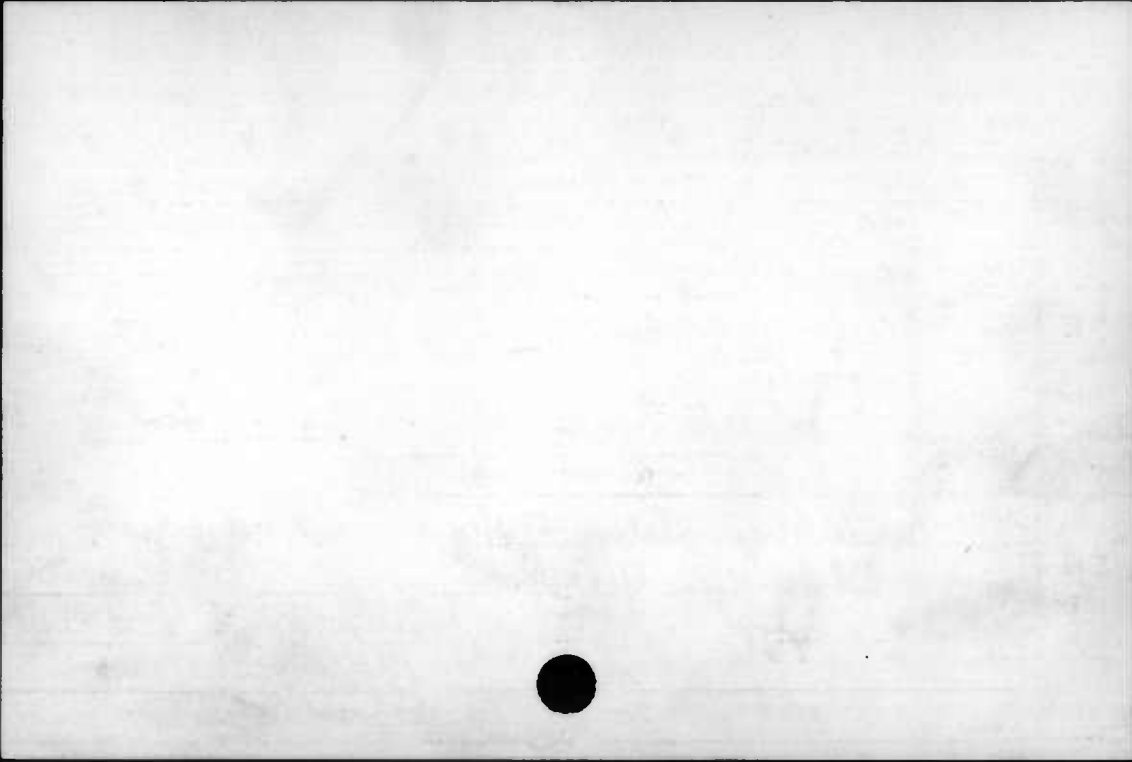
Died at		Town Tilghman		County Talbot		MARYLAND	
Date of death		Month 8	Day 28	Age	Years 66	Months 3	Days 3
Sex Male		Color or Race White		Birth-place Talbot Co			
Occupation Farmer				Where Residing if not at place of death Tilghman Md			
Married, Single or Widowed Married		Name of Wife or Husband Sarah Ella Leducum					
Father's Name Thomas Leducum				Father's Birthplace Talbot Co.			
Mother's Maiden Name Anna Maria Harrison				Mother's Birthplace X			
Name of person giving information Robert Leducum				How related to deceased Son			

CAUSES OF DEATH

(66)

PHYSICIAN
OR CORONER

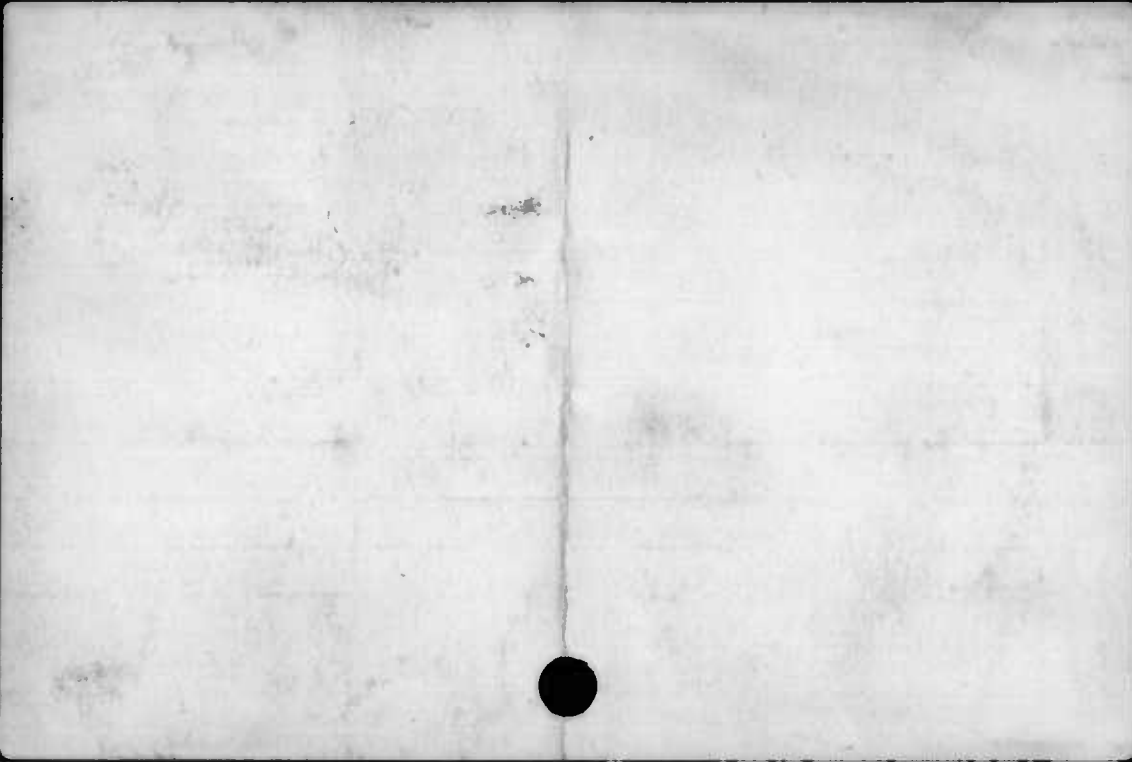
Primary	Paresis	How long	3 yrs
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician J E S	
		Address S. Kennedy Wilson Tilghman Md	
Accident or Suicide?		No	



Name in Full		MARYLAND				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND		Died <i>near</i>		Town <i>Supper</i>		County <i>Salbot</i>	
		Date of death <i>1908</i>		Month <i>3</i>		Day <i>1</i>	
		Age <i>74</i>		Years <i>74</i>		Months <i>—</i>	
		Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Dorchester Co Md</i>	
		Occupation <i>None</i>		Where Residing if not at place of death <i>—</i>			
		Married, Single or Widowed <i>Widow</i>		Name of Wife or Husband <i>Charles Lyons</i>			
Father's Name <i>Price Corkran</i>		Father's Birthplace <i>Dorchester Co Md</i>					
Mother's Maiden Name <i>Sallie Mulliken</i>		Mother's Birthplace <i>" " "</i>					
Name of person giving information <i>John H Lyons</i>		How related to deceased <i>Son</i>					
CAUSES OF DEATH							
PHYSICIAN OR CORONER		Primary <i>Mitral Regurgitation of Heart</i>				How long <i>3 years -</i>	
		Immediate <i>Obstruction of Bowel</i>				How long <i>4 days -</i>	
		Are the name, age, sex, color, date and place correctly given above?				Signature of Physician <i>Joseph A Ross M D</i>	
		<i>Yes</i>				Address <i>Supper Salbot Co Md</i>	
		Accident or Suicide?					



Name in Full		Kennedy Wilson Mister				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at	Tilyman Town		Talbot County		MARYLAND		
	Date of death	1908	Month	March	Day	26	Years	—
	Sex	Male		Color or Race	White		Birth-place	Tilyman
	Occupation	—		Where Residing if not at place of death				
	Married, Single or Widowed	Single		Name of Wife or Husband				
	Father's Name	Albert Taylor Mister				Father's Birthplace	Tilyman	
PHYSICIAN OR CORONER	Mother's Maiden Name	Sarah Elizabeth Haddaway				Mother's Birthplace	Wittman	
	Name of person giving information	A. V. Mister				How related to deceased	Father	
	CAUSES OF DEATH						(151)	
	Primary	Lethargy				How long	Two weeks	
Immediate	Bronchitis				How long	a few days		
Are the name, age, sex, color, date and place correctly given above?		Yes.		Signature of Physician		J. H. Wilson		
				Address		Tilyman Md		
Accident or Suicide?		—						



Name
in
Full

Flarra W. Openham

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

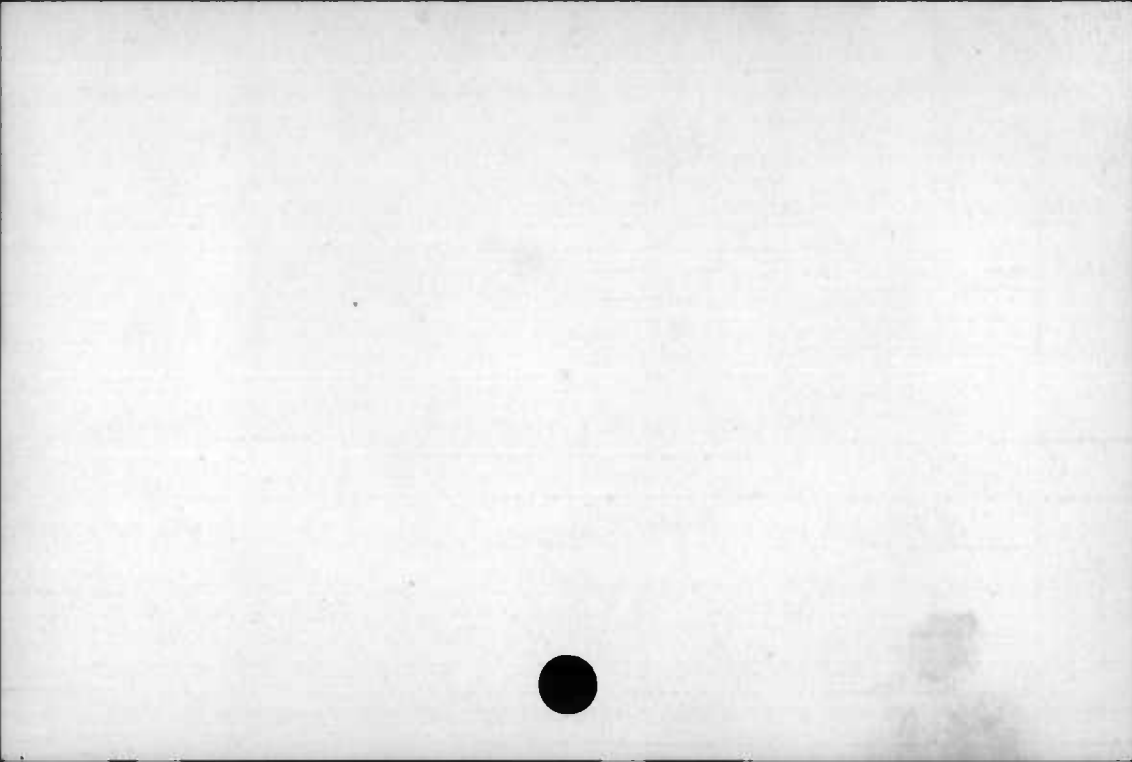
Died at <i>near Royal Oak</i>		Town <i>Talbot</i>		County		MARYLAND	
Date of death	1908	Month	March	Day	24	Years	
Sex	Female		Color or Race	white -		Birth-place	Royal Oak, Md
Occupation	Lady		Where Residing if not at place of death		At place of death		
Married, Single or Widowed		Name of Wife or Husband					
Father's Name	Jas A. Openham					Father's Birthplace	Talbot Co
Mother's Maiden Name	Elizabeth Willey					Mother's Birthplace	North Carolina
Name of person giving information	Mellord Openham					How related to deceased	Brother

CAUSES OF DEATH

10

PHYSICIAN
OR CORONER

Primary	Grip - Pneumonia		How long	Week
Immediate	Asthemia		How long	A day or two
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician	Samuel B. Tripper
			Address	Royal Oak, Md
Accident or Suicide?				



Name
in
Full

Emma Peirce

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

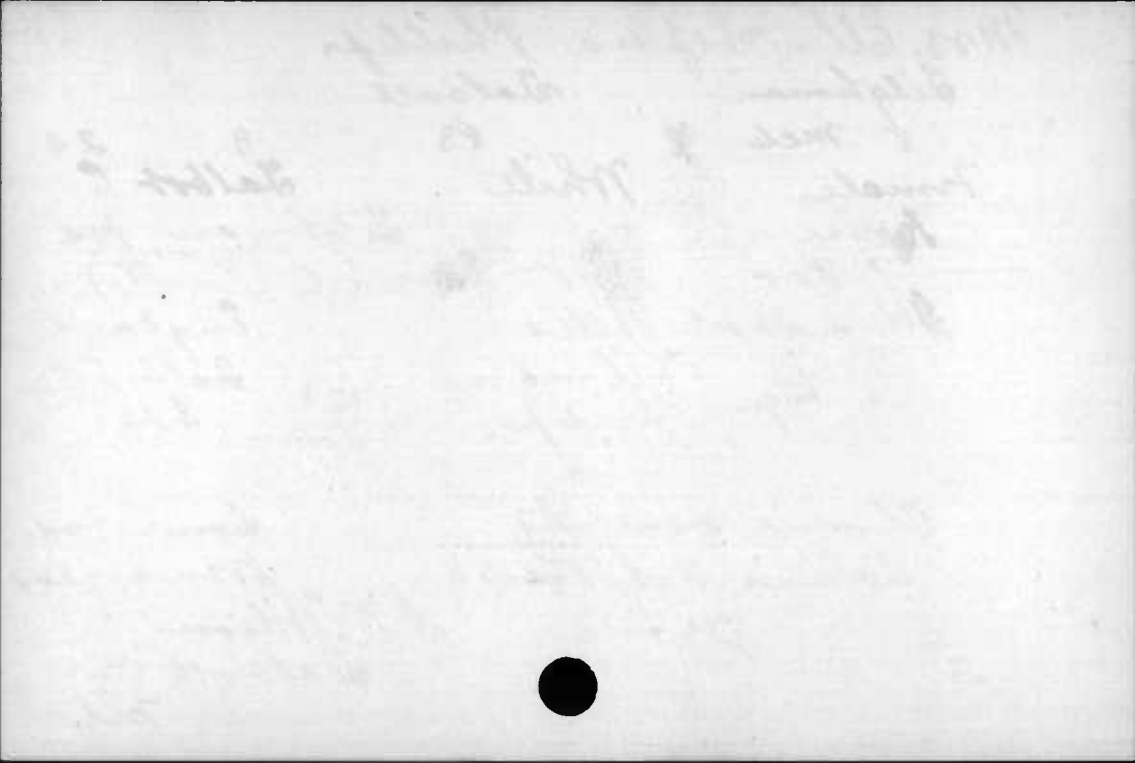
Died at <i>Leonora</i>		Town <i>Salisbury</i>		County		MARYLAND	
Date of death	<i>1908</i>	Month	<i>March</i>	Day	<i>13</i>	Age	<i>1</i>
Sex <i>Female</i>		Color or Race <i>Colored</i>		Birth-place <i>Maryland</i>		Months	<i>9</i>
Occupation <i>X</i>				Where Residing if not at place of death <i>X</i>			
Married, Single or Widowed		Name of Wife or Husband <i>T</i>					
Father's Name <i>Nathaniel Pierre</i>		Father's Birthplace <i>Ind</i>					
Mother's Maiden Name <i>Mary McQuay</i>		Mother's Birthplace <i>"</i>					
Name of person giving information <i>Nathaniel Pierre</i>		How related to deceased <i>Father</i>					

CAUSES OF DEATH

71

PHYSICIAN
OR CORONER

Primary	<i>difficult dentition</i>	How long	<i>2 week</i>
Immediate	<i>Convulsions</i>	How long	<i>2 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Lphas. H. Rowe</i>	
		Address <i>Leonora, Ind</i>	
Accident or Suicide?			



Name in Full		Mrs. Ellen Sophia Phillips				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Tilghman		County		MARYLAND	
	Date of death	1908	Month	July	Day	7	Years
	Age	83		Months	3		Days
	Sex	Female		Color or Race	White		Birth-place
	Occupation	Housewife		Where Residing if not at place of death	Tilghman Ind		
	Married, Single or Widowed	Widow		Name of Wife or Husband	Wm Samuel Phillips		
	Father's Name	John Thos. Wells		Father's Birthplace	England		
	Mother's Maiden Name	Miss Kilman		Mother's Birthplace	Talbot Co		
Name of person giving information	Wm Phillips		How related to deceased	Son			
<div style="text-align: center;">CAUSES OF DEATH</div> <div style="text-align: right; border: 2px solid black; border-radius: 50%; width: 40px; height: 40px; display: flex; align-items: center; justify-content: center; margin: 0 auto;">91</div>							
PHYSICIAN OR CORONER	Primary	Chronic Bronchitis				How long	Some yrs.
	Immediate	Colitis & Asthenia				How long	Over a year
	Are the name, age, sex, color, date and place correctly given above?	Yes				Signature of Physician	S. K. Wilson
						Address	Talbot Co
	Accident or Suicide?	No.					Ind



Name
in
Full

Clara Louisa Roberts

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

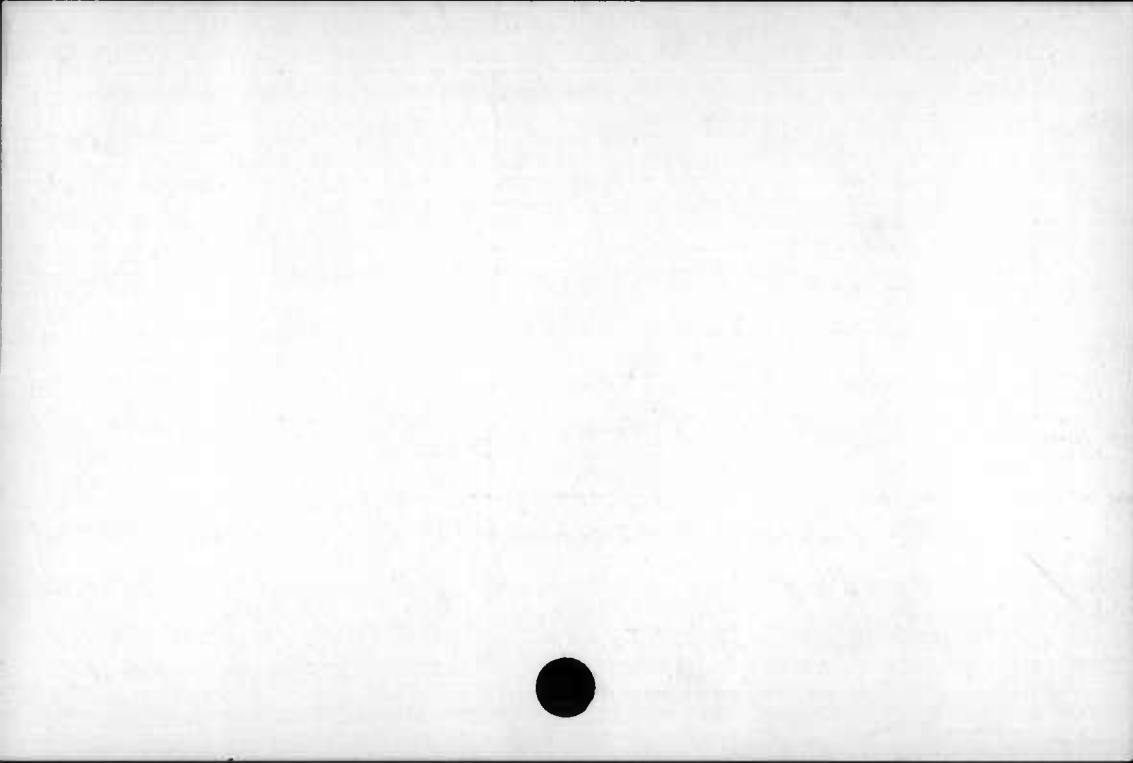
Died at <i>McDaniel</i> ^{Town}		<i>Talbot</i> ^{County}		MARYLAND	
Date of death <i>1908</i>	<i>3</i> ^{Month}	<i>13</i> ^{Day}	<i>h</i> ^{Years}	<i>11</i> ^{Months}	<i>26</i> ^{Days}
Sex <i>Female</i>	Color or Race <i>Black</i>		Birth-place <i>Claiborne</i>		
Occupation <i>none</i>	Where Residing if not at place of death <i>McDaniel</i>				
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband				
Father's Name <i>Isaac Roberts</i>	Father's Birthplace <i>Talbot Co.</i>				
Mother's Maiden Name <i>Helen F. Baynard</i>	Mother's Birthplace <i>Talbot Co.</i>				
Name of person giving information <i>Helen F. Roberts</i>	How related to deceased <i>Mother</i>				

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary <i>Pulmonary Tuberculosis</i>	How long <i>About one year</i>
Immediate <i>Respiratory failure</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J. H. Michaels MD</i>
	Address <i>St Michaels Md</i>
Accident or Suicide?	



Name
in
Full

My Marvel Ross

CERTIFICATE OF DEATH

MARYLAND

Died at *Easton* Town *Talbot* CountyDate of death *1908* Month *March* Day *26* Age *0* Years Months *2* Days *15*Sex *male* Color or Race *white* Birth-place *Easton Md*Occupation *Infant* Where Residing if not at place of death *Easton Md*Married, Single or Widowed *Single* Name of Wife or Husband *—*Father's Name *E. L. Ross*Father's Birthplace *Dorchester Co. Md*Mother's Maiden Name *Sarah E. Marvel*Mother's Birthplace *Talbot Co Md*Name of person giving information *E. L. Ross*How related to deceased *Father*

CAUSES OF DEATH

150

Primary *Imperfect Closure foramen Ovale*How long *2 mos 15 days*Immediate *Asphyxia*How long *few hrs.*Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician

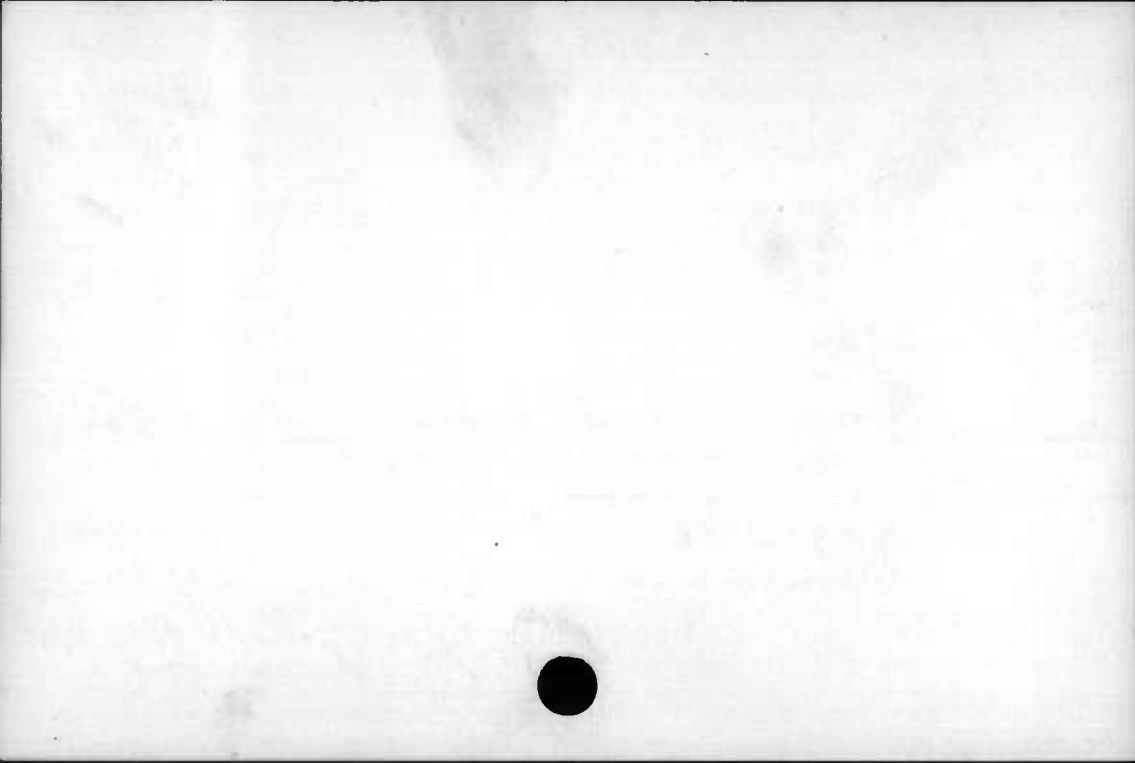
Chas. J. Davidson

Address

Easton, Md.

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Robert H. Seth Jr.

CERTIFICATE OF DEATH

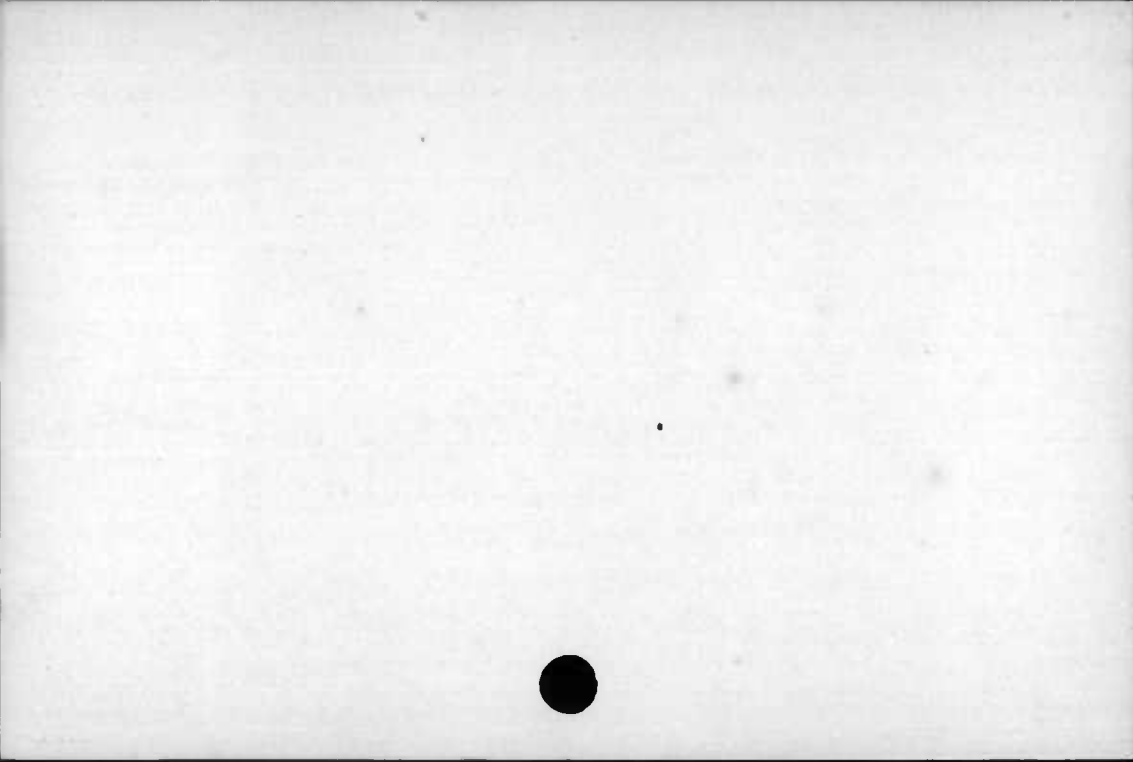
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Woodland</i>		County <i>Labor</i>		MARYLAND	
Date of death		1908	Month <i>March</i>	Day <i>14</i>	Age <i>19</i>	Years <i>7</i>	Months <i>7</i>
Sex <i>Male</i>		Color or Race <i>Colored</i>		Birth-place <i>Md.</i>			
Occupation <i>Laborer</i>				Where Residing if not at place of death <input checked="" type="checkbox"/>			
Married, Single or Widowed <input checked="" type="checkbox"/>				Name of Wife or Husband <i>X</i>			
Father's Name <i>Robt. H. Seth</i>				Father's Birthplace <i>Md.</i>			
Mother's Maiden Name <i>Lizzie Stanford</i>				Mother's Birthplace <i>"</i>			
Name of person giving information <i>Robt. H. Seth Sen</i>				How related to deceased <i>Father</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Lagrippe</i>	How long <i>10 days</i>
Immediate	<i>Pneumonia</i>	How long <i>24 "</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Chas. H. Rowe M.D.</i>
		Address <i>Leodora Md.</i>
Accident or Suicide?		



Name
in
Full

CERTIFICATE OF DEATH

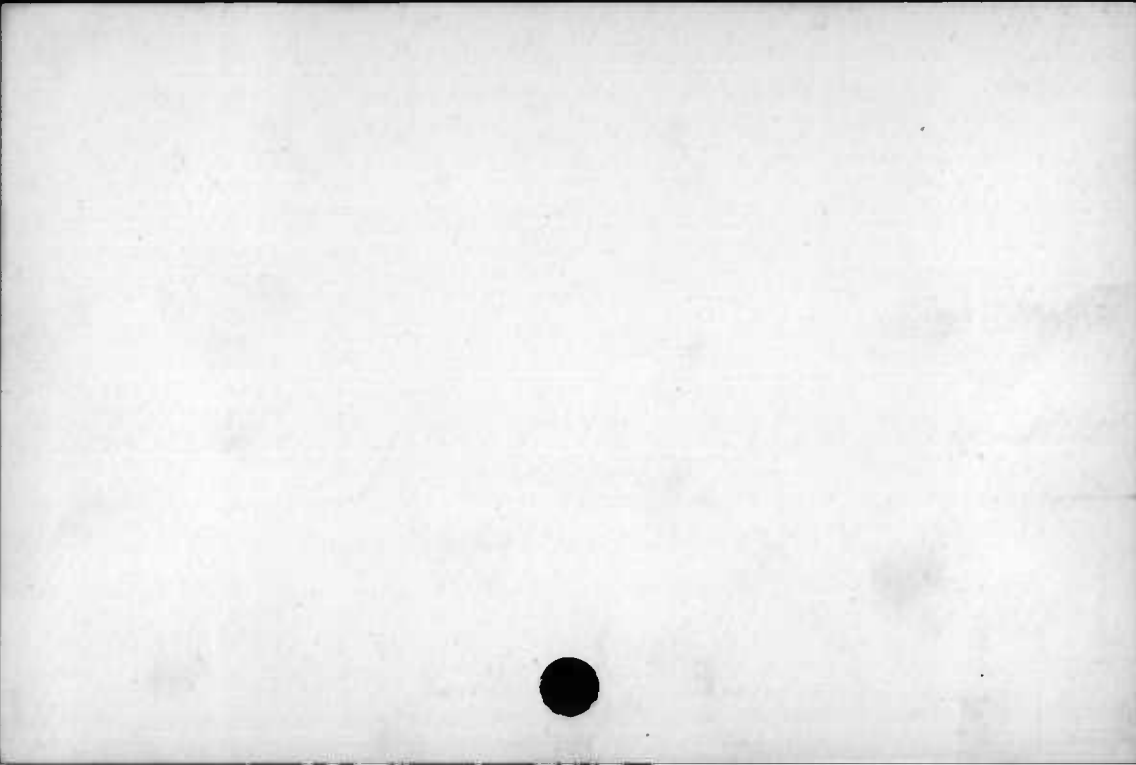
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Thford.</i>		County <i>Short Talbot.</i>		MARYLAND	
Date of death	1908	Month	March	Day	27	Age	Years _____ Months _____ Days _____
Sex	<i>Male.</i>		Color or Race	<i>White -</i>		Birth-place	<i>Premature birth</i>
Occupation _____				Where Residing if not at place of death _____			
Married, Single or Widowed _____			Name of Wife or Husband _____				
Father's Name			<i>William J. Short</i>			Father's Birthplace <i>Dorchester Ma</i>	
Mother's Maiden Name			<i>Effie M. Jones.</i>			Mother's Birthplace <i>Cardova. Ma</i>	
Name of person giving information			<i>William J. Short</i>			<input checked="" type="radio"/> Was related to deceased <input type="radio"/> Not related	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Premature birth</i>	How long	_____
Immediate	<i>" "</i>	How long	_____
Are the name, age, sex, color, date and place correctly given above?		<i>Yes.</i>	
Signature of Physician		<i>J. M. Becker M.D.</i>	
Address		<i>Offora Md.</i>	
Accident or Suicide? _____			



Name
in
Full

Annie M. Skinner

CERTIFICATE OF DEATH

MARYLAND

Died at *Royal Oak* ^{Town}*Talbot* ^{County}Date of death *1908* ^{Month} *March*^{Day} *9*Age ^{Years} *80*^{Months} *11*^{Days} *20*Sex *Female*

Color or Race

white

Birth-place

Talbot

Occupation

Lady

Where Residing if not at place of death

Married, Single or Widowed

Name of Wife or Husband

Gustavus A. Skinner

Father's Name

Anthony Banning

Father's Birthplace

Talbot Co

Mother's Maiden Name

Martha Nicholson

Mother's Birthplace

Kent Co, Md

Name of person giving information

L. A. Skinner - Son

How related to deceased

Son

CAUSES OF DEATH

10

Primary

Grip

How long

8 weeks

Immediate

Complication of disease

How long

2 weeks

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Samuel B. Trepper

Address

*Royal Oak
Md*

Accident or Suicide?

*_____*TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Cyprian Slown

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

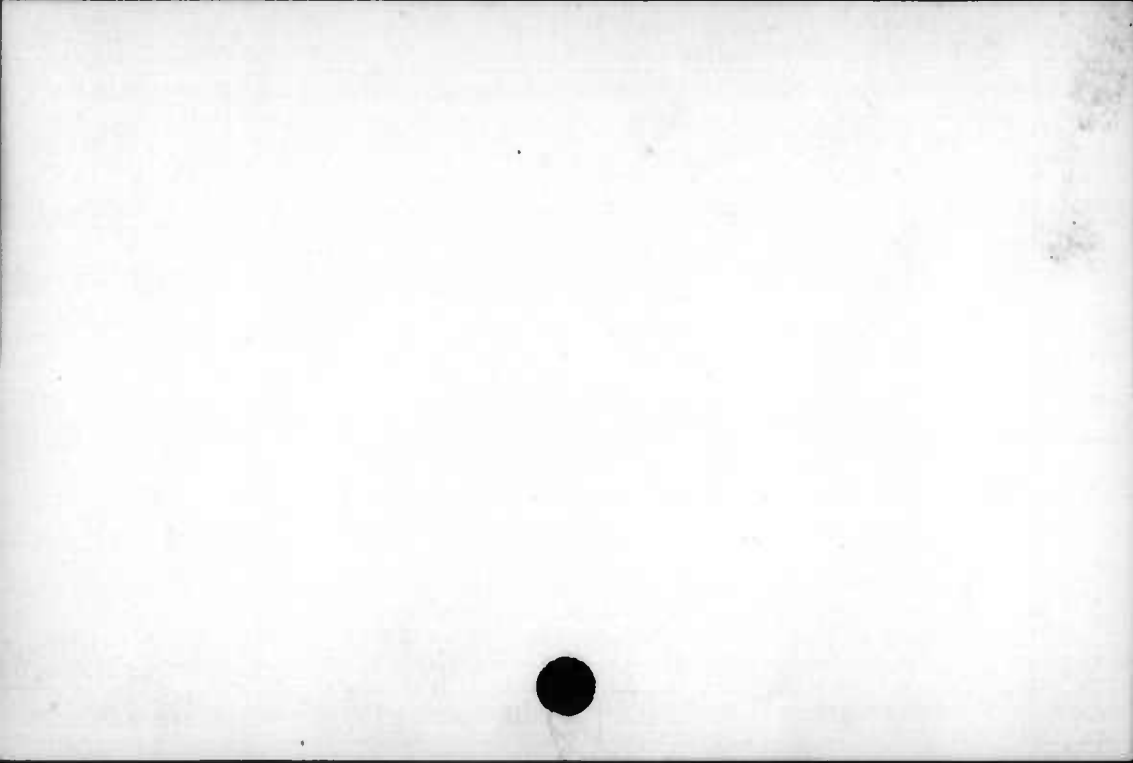
Died at <u>Eastern</u> <small>Town</small>		<u>Talent</u> <small>County</small>		MARYLAND	
Date of death <u>1908</u>	<u>Mar</u> <small>Month</small>	<u>5</u> <small>Day</small>	Age <u>—</u> <small>Years</small>	<u>7</u> <small>Months</small>	<u>—</u> <small>Days</small>
Sex <u>Male</u>	Color or Race <u>Blk</u>		Birth-place <u>Ind</u>		
Occupation <u>—</u>			Where Residing if not at place of death <u>—</u>		
Married, Single or Widowed <u>—</u>			Name of Wife or Husband <u>—</u>		
Father's Name <u>Trush Slown</u>			Father's Birthplace <u>Ind</u>		
Mother's Maiden Name <u>Bulah Bridgely</u>			Mother's Birthplace <u>Ind</u>		
Name of person giving information <u>Hornway Hinks</u>			How related to deceased <u>S. Father</u>		

CAUSES OF DEATH

93

PHYSICIAN
OR CORONER

Primary <u>Pneumonia</u>	How long <u>2 weeks</u>
Immediate <u>Exhaustion</u>	How long <u>3 days</u>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>Wm B. Merritt</u>
	Address <u>Eastern</u>
Accident or Suicide?	



Name
in
Full

Eva Hopkins Thomas

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

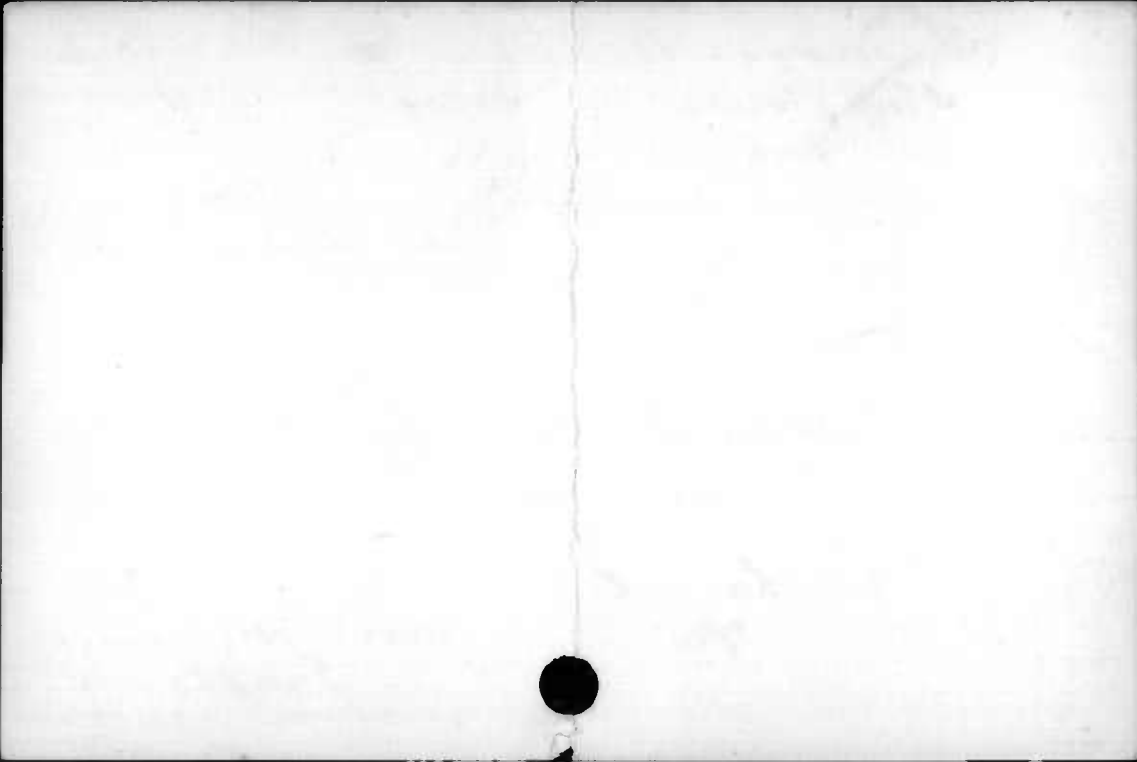
Died at <u>Wye Mills</u> ^{Town}		<u>Jalboh</u> ^{County}		MARYLAND	
Date of death <u>1908</u>	<u>March</u> ^{Month}	<u>3rd</u> ^{Day}	Age <u>32</u> ^{Years}	<u>4</u> ^{Months}	<u>14</u> ^{Days}
Sex <u>Female</u>	Color or Race <u>White</u>		Birth-place <u>Wye Mills Md.</u>		
Occupation <u>Housewife</u>			Where Residing if not at place of death <u>Middletown, Conn.</u>		
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Albert Cox Thomas M.D.</u>				
Father's Name <u>A. Wilson Hopkins</u>	Father's Birthplace <u>Wye Mills Md.</u>				
Mother's Maiden Name <u>Ella C. Skinner</u>	Mother's Birthplace <u>Reeds Creek Md.</u>				
Name of person giving information <u>S. Wilson Hopkins</u>			How related to deceased <u>Father</u>		

CAUSES OF DEATH

27

Primary <u>Pulmonary Phthisis</u>	How long <u>2 years</u>
Immediate <u>Exhaustion - Heart Failure</u>	How long <u>Several Weeks</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>J. V. Stacke M.D.</u>
	Address <u>Wye Mills Md.</u>
Accident or Suicide? <u>No</u>	

PHYSICIAN
OR CORONER



Name
in
Full

Theodore Webster

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Miss House</i>		Town <i>Tacbol</i>		County		MAYLAND	
Date of death <i>1908</i>		Month <i>March</i>		Day <i>3</i>		Years <i>27</i>	
Sex <i>male</i>		Color or Race <i>white</i>		Birth-place <i>Virginia</i>		Months	
Occupation <i>none</i>		Where Residing if not at place of death <i>at place of death</i>					
Married, Single or Widowed <i>not known</i>		Name of Wife or Husband <i>not known</i>					
Father's Name <i>not known</i>		Father's Birthplace <i>do</i>					
Mother's Maiden Name <i>not known</i>		Mother's Birthplace <i>do</i>					
Name of person giving information <i>John De Gruchy</i>		How related to deceased <i>none</i>					

CAUSES OF DEATH

179

PHYSICIAN
OR CORONER

Primary	<i>Unknown</i>	How long
Immediate	<i>Exhaustion</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Jas. L. McCormick</i>
		Address <i>Trappe Md</i>
Accident or Suicide?		

Pharry down